

# San Diego Cardiovascular Associates

- 320 Santa Fe Dr. #204, Encinitas, CA 92024
- 9834 Genesee Ave. #300, La Jolla, CA 92037
- 9850 Genesee Ave. #940, La Jolla, CA 92037

## FINANCIAL POLICY

It is the policy of this office to collect payment at the time of your visit for services rendered unless other arrangements have been made. As a courtesy to our patients, we will be happy to bill your insurance for you if you provide us with the necessary information to do so. You, however are responsible for your bill regardless of any insurance coverage you may have.

It is the patient's responsibility to verify insurance coverage and benefits. Our practice holds contracts with various insurances. These contracts can change as frequently as each month. Also, each insurance company may offer multiple plans (e.g. HMO, PPO, EPO, and Senior Advantage to name a few). Please call your insurance company and ask if the doctor you are seeing is contracted with them.

**Medicare Patients:** We accept assignment for Medicare patients. This means that we will accept the amount that Medicare **approves** as our full fee. We are required by law to bill Medicare for services rendered and charge according to Medicare's established fee schedule. Please do not bill Medicare yourself. You are still responsible for your deductible and any co-insurance amount, as well as any non-covered services you chose to receive after being notified in advance by our office that Medicare will not pay for these services.

**HMO Patients:** SDCVA is contracted with several HMO groups. Please be sure to get a referral from your primary doctor before making an appointment with us. You are responsible for your co-payment when applicable and any non-covered charges. Our office will do the billing for your insurance as required. Dr. Effron **does not** belong to any HMO insurance plans or IPA groups. If you choose to see Dr. Effron you will be responsible for the full amount of the charges in cash at the time of service.

**Private Patients:** We participate in many private insurance plans. This means that we accept the amount that these insurance companies **approve** as our full fee. You are still responsible for any co-payments, deductibles, share of costs and/or non-covered services.

You will receive a statement from this office as long as your account has an outstanding balance. This will show you all charges, payments, and adjustments that have been posted to your account. It will also indicate whether or not we have billed your insurance. Please review your statement each month and notify our billing office immediately if you feel an error has been made or if you have any questions concerning your balance. PhySource, our billing office, can be reached at (858) 836-8900

Due to the nature of our medical specialty and our appreciation of the value of your time, it may be necessary in the event of an emergency or unforeseen delay to reschedule your appointment. We will always try to provide you with as much notice as possible and appreciate your patience and understanding.

**Likewise, we require a 24 hours notice if you are unable to keep your office visit appointment with us or you will be charged a "no show" fee of \$35.00.**

By signing below, you are acknowledging that you have read this policy, understand it, and agree to abide by its terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_